

Second Opinion: Lymph node transplant was denied

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If you have questions about the practices of your managed-care coverage, ask the experts at the Department of Managed Health Care.

Q: I am writing this to you because the appeal I submitted for a microsurgery/lymph node transplant was denied by my health plan. In the denial letter, my plan said that the surgery was not medically necessary and that conventional treatment (manual lymphatic drainage and compression garments) is the preferred method of dealing with lymph edema.

Well, for the past two years I have consistently received manual lymphatic drainage and I have participated in lymph edema exercises. I also wear a full length compression sleeve from the moment I get out of the shower in the morning until the moment I go to bed at night. In spite of all this, I continue to have pain and swelling in my arm, hand and fingers. The garment itself causes pain and numbness.

The bottom line is that the quality of my life would be greatly improved if I were allowed to have the microsurgery/lymph node transplant. Can you please help me get this surgery approved?

— Lisa Wright, Fair Oaks

A: When a health plan decides not to provide coverage for a treatment based on a lack of medical necessity, the Department of Managed Health Care may be able to help.

The DMHC administers an Independent Medical Review program which allows consumers to challenge health plan denials that are based on either a lack of medical necessity or a treatment being considered experimental or investigational in nature. Disputes that are qualified for an IMR are sent to an independent physician reviewer or panel of reviewers. If the reviewer(s) conclude that the denied service would provide the consumer with a more beneficial treatment plan than the one offered by the health plan, the denial is overturned and, by law, the health plan must provide coverage for the requested treatment.

Because your case qualified for an IMR, it was reviewed to determine whether the microsurgery/lymph node transplant would likely be more beneficial than continuing the manual lymphatic drainage treatments and compression garments.

While the surgery you requested is not the standard of care in routine cases, it is considered to be a valid option when a patient has failed non-operative therapies. Since your medical history clearly indicated to the reviewer that you have tried the standard conservative therapies and yet continue to experience side effects and functional problems, the health plan's denial was overturned and the microsurgery/lymph node transplant was deemed medically necessary to treat your condition.

The IMR is a free service available to anyone in California enrolled in a managed care health plan.

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Consumers with questions about obtaining the right care at the right time are encouraged to contact the DMHC by calling (888) 466-2219 or by logging on to www.healthhelp.ca.gov.